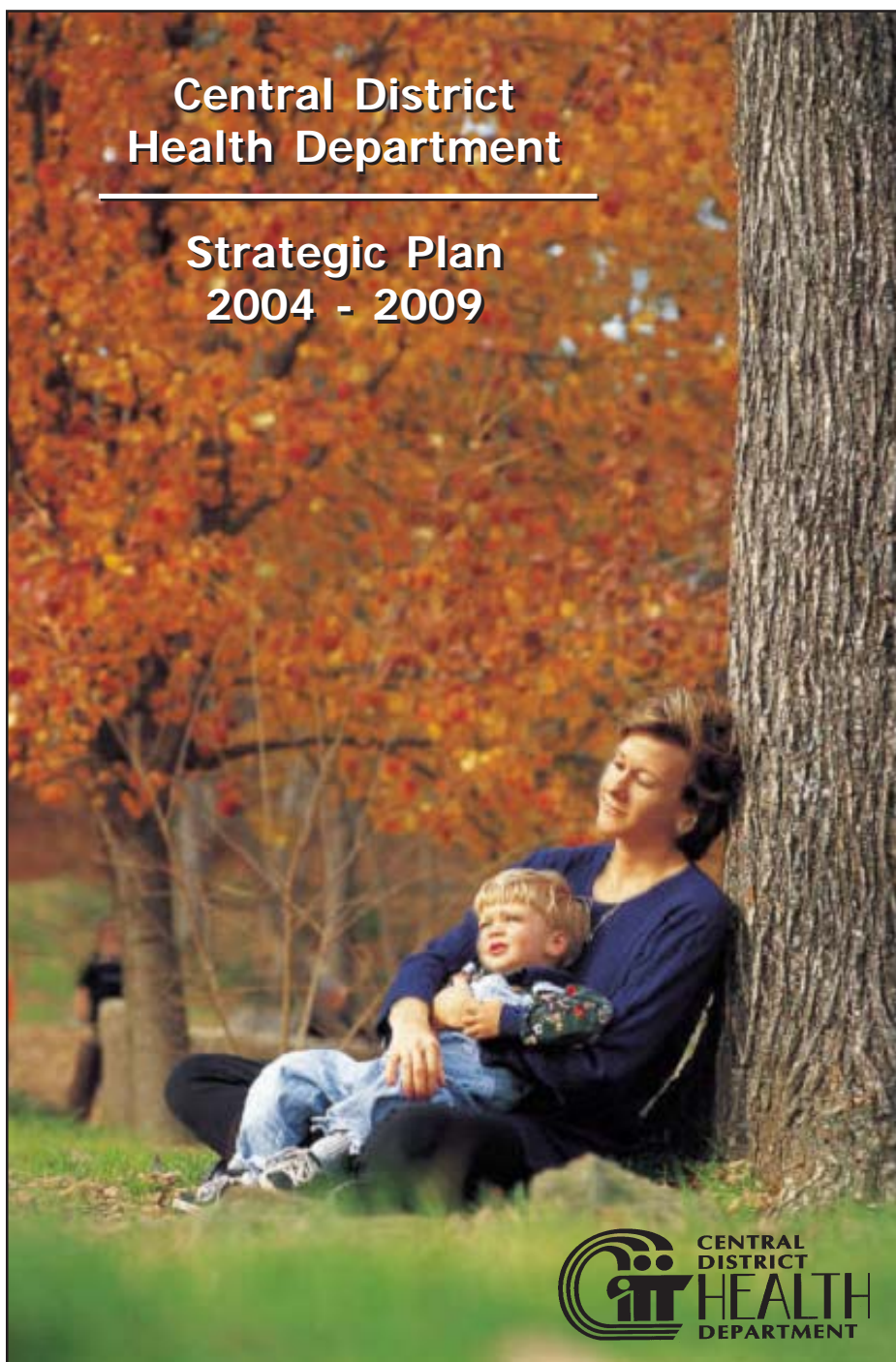


Central District Health Department reflects on a solid 34-year history of public service and health care commitment, as we plan for the remainder of this decade...and beyond.

Central District Health Department

Strategic Plan
2004 - 2009



Our History

Our Future

Which of these health-related news items are true...for the year 1970?

- a. The President signs a bill that limits cigarette company advertising on television, although the law won't take effect until the following year.
- b. The Idaho Legislature creates seven Public Health Districts, including the Central District Health Department.
- c. Boise's St. Alphonsus Hospital finishes fundraising for its new facility on Curtis Road and makes plans to relocate from its north end home.
- d. The President issues an executive order requiring industries to obtain a federal permit before dumping waste into public waterways.
- e. All of the above.
- f. None of the above.



* Turn the page to learn the correct answer!



The answer is: "e. All of the above."

Today:

- a. In the spring of 2004, the Idaho Legislature passed a no-smoking law for all public facilities.
- b. The seven Public Health Districts provide a multitude of programs and services to promote wellness in our communities through education, prevention of disease and disability and preservation of the quality of our environment.
- c. Boise's St. Alphonsus and St. Lukes hospitals are regional medical centers with state-of-the-art facilities and services statewide.
- d. Today, surface water is not only protected from point sources of pollution such as straight pipes from industries, but it is also protected from non-point sources of pollution such as animal wastes and chemicals from agricultural practices, and phosphates and nitrates from subsurface sewage disposal systems.

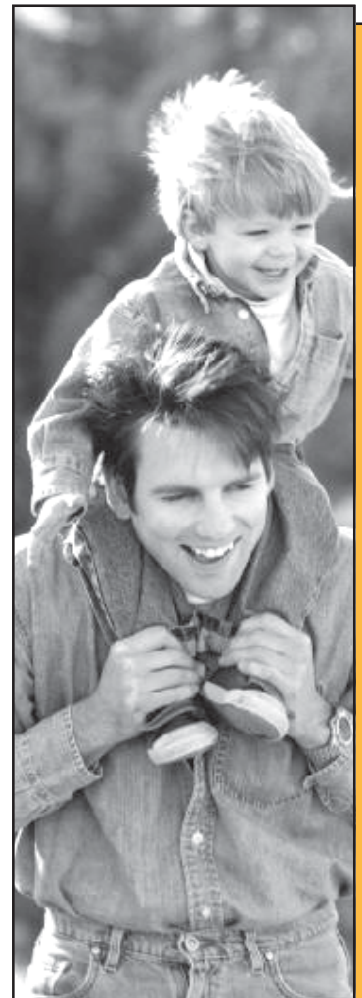
The Future:

The CDHD Vision:

Healthy people in healthy communities

The CDHD Mission:

...to promote wellness in our communities through education, prevention of disease and disability, and preservation of the quality of our environment.



Message from Our Director

When you read our mission statement, you may think it is fairly straightforward. We strive to do all the right things to promote wellness in our community. Of course! So...why a shorter-term Strategic Plan?

In fact, our goals involve hundreds of thousands of citizens and a coordinated effort of more than 150 employees, in a complex environment that involves disease prevention and control, public outreach, budgeting skills and the ability to work with many other agencies and organizations. Together, we create and implement sound public health policy. These goals are best accomplished in measurable steps, with performance that can be tracked over short time periods. The best progress is steady.

You may also notice a renewed commitment to the health and fitness of our own workforce in this Strategic Plan. We want an organization of healthy people who are challenged by their responsibilities and feel valued by their peers.

As you'll see, we have a lot to do in five short years. And we are committed to doing it well.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy G. Holley".

Kathy Holley, RN
Director

For people unfamiliar with Idaho state government, our 44 counties are divided into seven independent Public Health Districts. This system was created by the Idaho Legislature back in 1970, to ensure that reliable preventive health-related services are available to all Idahoans, no matter where they live. Although we are independent agencies, we contract with the Idaho Department of Health & Welfare (IDHW), Department of Environmental Quality (DEQ) and the Idaho Office on Aging (IOA) for federal funding, and we use some State administrative services, including purchasing, personnel, insurance, and risk management

In addition, each Public Health District (PHD) has a Board of Health. Its members are appointed by the county commissioners in the counties that make up the district. The board meets regularly to oversee finances and to receive scientific information and education about CDHD.

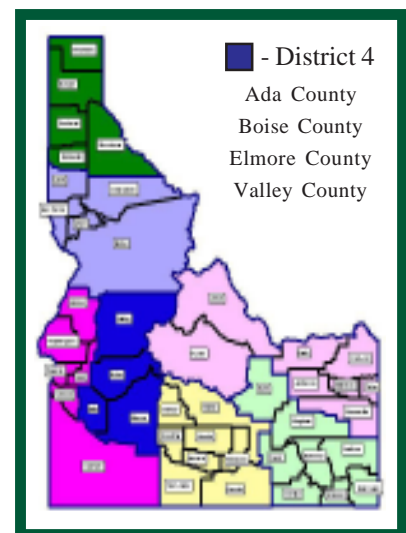
Each PHD is truly a partnership between the counties in its district, and the state and federal governments. Roughly one-third of the PHD funding comes from the counties and the State of Idaho; the other two-thirds comes from contracts to administer federal health-related programs, and fees for some of our services.

The PHDs have been a unique and cost-effective way to handle health issues. Instead of each county or city having its own health department, this regional approach works well to put tax dollars to best use, concentrating health research and services in the areas appropriate to their communities' needs.

Central District Health Department (CDHD) is in District 4. We serve Ada, Boise, Elmore, and Valley counties. In 1970, the combined population of our area was 135,000. Today, it has more than doubled, and now totals about 350,000.

CDHD is further divided into 11 Program Teams:

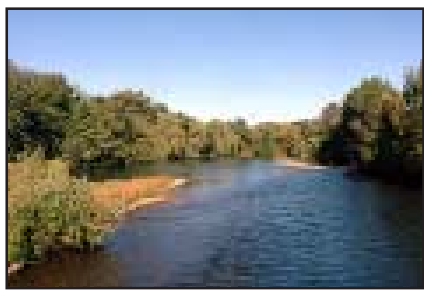
- Children, Immunization and International Health
- Community Health Promotion and Education
- Community Liaison
- Environmental Health Services
- Epidemiology and Surveillance
- Family Planning and Reproductive Health
- Health Services for Seniors
- Public Health Preparedness
- Administration
- Administrative Support Services
- Information Systems



Health priorities change over time as new problems are identified and/or solutions evolve to ongoing problems. From swine flu to smallpox, and AIDs to anthrax, the citizens of our district have looked to us for expert guidance on many headline-grabbing health issues over the decades. We must be able to provide it, in consistent, understandable, and easily accessible forms.

Ten Essential Public Health Services have been identified by the Public Health Foundation, a national nonprofit organization that supports government agencies and partners with research, training, and technical assistance on public health trends. We began using these ten items as a framework in our Strategic Plan 2001 – 2003. They are:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to the personal health services that they need, and assure the provision of health care when it is otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
- Research to obtain new insights and innovative solutions to health problems.



OUR HISTORY...

The same year Central District Health Department was created, District 4 also saw the opening of the Boise Interagency Fire Center, and the beginning of construction of the Greenbelt path along the Boise River.

Our Goals:

Central District Health Department has three major agency goals. Each of these goals, and the strategies and objectives, are explained on the following pages:

- To be a visible and effective provider and catalyst of local public health services.
- To have an infrastructure abundant enough to achieve its mission.
- To have a capacity strong enough to obtain and manage information and knowledge, in order to assure the Essential Public Health Services.

The only way we can fulfill each of them is to closely monitor what is happening in our local communities in terms of health care. This includes everything from gathering and analyzing data about health-related issues, to training our people to work more effectively to prevent health problems and fight disease.

In addition to our own District's goals, in our services, we continue to help our District residents meet the U.S. government's set of national health-related goals and standards, known as *Healthy People 2010*. These can be found on the U.S. Division of Health and Human Services' website, www.health.gov/healthypeople. They are:

- | | |
|-------------------------------|-------------------------|
| • Physical Activity | • Mental health |
| • Overweight and obesity | • Injury and violence |
| • Tobacco use | • Environmental quality |
| • Substance use | • Immunization |
| • Responsible sexual behavior | • Access to health care |



OUR HISTORY...

In 1970, a national commission of 115 medical experts recommended that Americans reduce their consumption of saturated fats and cholesterol to stem what it termed "an epidemic" of heart disease.

The above headline could probably have been written today! Some things never change, and America's push for healthier lifestyles is one of them. CDHD can only be as good as our effectiveness in reaching the public with health-related messages and services that will make a difference.

Goal #1 – Central District Health - a visible and effective provider and catalyst for assessment and provision of local public health services.

- **ASSESSMENT.** By 2008, a population-based Community Health Profile (CHP) will provide a common set of measures for Ada, Elmore, Valley and Boise counties to prioritize the health issues that will be addressed through strategic planning and actions, to allocate and align resources, and to monitor population-based health status improvement over time. The data, presented in a variety of formats, will allow clear communication and interpretations by end users.
- **PARTNERSHIPS.** Beginning 2005, we will meet with the public health partners in our communities to gather, compile and analyze health and population-related data. Together with these partners, we will work on a comprehensive approach to improving the overall health of our region.
- **PUBLIC RELATIONS.** We will strengthen the agency's public relations and media relations presence in our area, using the appropriate media to communicate health information to our citizens. By 2005, we will have developed a communications/media strategy and an annual calendar of topics designed to educate the community about the benefits of public health and the role of CDHD in improving community health.
- **MONITORING / SURVEILLANCE.** Surveillance systems are designed and maintained to monitor health and safety events and disease trends, identify changes or patterns which enable staff to investigate underlying causes or factors. CDHD will create and support systems to assure accurate and timely reporting by providers. By August 2004, we will be at a functional level with the Idaho Health Alert Network (HAN) to alert communities in case of any type of health-related threat or problem. By April, 2005, CDHD surveillance system will be integrated with National Electronic Disease Surveillance System (NEDSS) to provide comprehensive monitoring of health events using consistent collection and reporting procedures. The data will be used to examine the impact of health hazards, behaviors and risk factors on disease and mortality.



OUR HISTORY...

The "Meals on Wheels" program became part of Central District Health in 1974, serving hot, nutritious lunches to homebound senior citizens in the Boise Area. In 2004, we have 29 routes in Ada and Elmore Counties, and deliver more than 577 meals a day. Meals are also prepared at the Senior Centers in Boise, Eagle, Glens Ferry, Kuna, Mountain Home, and Star.

- **PERSONAL HEALTH SERVICES.** The personal health services provided by CDHD are accessible, acceptable and available to district residents, no matter what language they speak, what their cultural background may be or whether or not they are uninsured or underinsured. In addition, staff work with hospitals and other community health care providers to define roles and responsibilities for provision of additional care.
- **IMMUNIZATIONS.** One of the greatest achievements of public health this century has been the control of communicable disease through the use of vaccine. By 2010, we will improve CDHD vaccination coverage rate for children up to 35 months old to 90%.
- **WOMEN, INFANTS & CHILDREN (WIC).** The earlier a pregnant woman enrolls in the WIC Program, the greater the birthweight of her infant. Low birthweight is associated with neonatal mortality, long term disabilities, poverty, low level of education attainment and unmarried and minority status. The WIC Program will maintain a quarterly average caseload level of 98% of funded/authorized participants to provide clients with food vouchers and nutrition education to help ensure maternal, infant and child health and wellbeing.
- **REPRODUCTIVE HEALTH.** By providing access to reproductive health services at CDHD, we contribute to the State and Federal goal of reducing to 30% or less, the proportion of all pregnancies that are unintended. In addition, we will contribute to the reduction of pregnancies among girls aged 17 and younger to no more than 50/1,000 adolescents and promote delaying initiation of sexual activity by adolescents. Through participation in the Infertility Prevention Project, we will reduce the rate of Chlamydia infections in the CDHD service area by providing selective screening of high-risk individuals.
- **PUBLIC HEALTH EDUCATION.** Public health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status. We will continue to convene public health partners to conduct a variety of health-related promotional activities geared toward healthful living and healthy communities. By 2006, we will incorporate wellness aspects into CDHD personal health services, including nutrition, obesity and physical fitness, on our website, as well as in the CDHD Worksite Wellness Program.
- **EMERGENCY PREPAREDNESS.** We evaluate and upgrade state and local public health jurisdictions' preparedness for, and response to, bioterrorism, other outbreaks of infectious disease and other public health threats. Our Emergency Response Plan outlines CDHD's capacity relative to the complex challenges inherent in emergencies, provides exercising plans including ongoing training and designation of an Emergency Response Coordinator and written protocols.



- **ENVIRONMENTAL HEALTH.** CDHD staff review existing Federal, State and local laws and regulations relevant to the public health of the district, including laws and regulations addressing environmental quality and health-related behavior. We actively participate in creating new laws, modifying existing ones and enforcing current ones to improve public health. These include health and safety inspections for foodservice establishments, childcare facilities, public swimming pools, solid waste, subsurface sewage disposal installations, groundwater quality preservation and review of land development applications with public safety and environmental impact in mind. By 2005, a link to childcare inspections and septic data images will be added to the CDHD website, joining the restaurant inspections providing another public health service to help consumers make informed decisions.
- **HEALTH SERVICES FOR SENIORS.** “Much More Than a Meal” is the motto of the Meals-On-Wheels and Senior Dining Programs that provide healthful meals and nutrition education to over 1,829 Senior Citizens in Ada and Elmore counties, helping them to maintain their independence. By 2005, we will increase the number of volunteers by 10% to allow for expansion of Meals-On-Wheels delivery services

GOAL # 2 – Central District Health - infrastructure abundant enough to achieve its mission.



OUR HISTORY...

A little more than a decade ago, CDHD moved into its new headquarters in Boise. This year, 2004, it was paid for in full—making all three of our buildings (in Boise, McCall, and Mountain Home) mortgage-free! It's an impressive accomplishment for any business.

A building is just a box without its infrastructure—the beams, joists, walls, wiring, and other critical parts that make it capable of standing up, delivering services, and keeping its inhabitants safe as they go about their business.

For CDHD, this “infrastructure” is not just our physical office buildings and clinic sites. It includes our personnel, financial base, leadership, policies and plans—all the components that will make our vision into reality.

- **LEADERSHIP.** The Board of Health and the CDHD Administrative Team are composed of committed, qualified individuals, doing the best possible jobs, with the most current data and input from program managers and support services supervisors.
- **RESOURCES.** CDHD maintains the physical capacity to meet the needs of our communities and provide them with the Essential Public Health Services, in terms of facilities, equipment and skilled personnel.

- **VEHICLES.** By 2006, we will research the purchase of a hybrid (alternative fuel use) vehicle for the fleet, considering safety, size, use, fuel efficiency, costs and savings. By 2010, we will replace all fleet vehicles with environmental stewardship in mind.
- **SATELLITE OFFICES.** By 2006, we will have a plan that includes expansion of services, including a central kitchen for Senior Meals, to another location in Ada County. As the population in Elmore, Valley and Boise counties continues to grow, we will evaluate the need for additional staff support to insure uniformity in program provision.
- **FINANCES.** Our total budget now tops \$9 million. We will continue to develop and maintain a diversified financial base that provides for the funding of the training, community outreach and assessment, education, enforcement, program provision and other items in this Strategic Plan. Our goal is that at the end of each audit period, the legislative auditors will have no findings in Central District Health's fiscal operations.

Technology changes everything. In the early days of CDHD, "state-of-the-art" was the electric typewriter. Today, we can't promote healthy choices or healthy lifestyles for Idahoans if we aren't fully invested in the speedy and sophisticated methods necessary to reach them, manage data, and develop training programs—both for the public and for our own staff members.

- **WEBSITE IMPROVEMENT.** We will continue to expand and enhance the existing Internet website as a communication tool, both for CDHD employees and customers. By June 2005, we will have a completely revised website and a plan to keep the information manageable and current
- **TECHNOLOGY.** We require technology that is sophisticated enough to manage, display, analyze and communicate the data we receive. By 2009, we will have implemented three phases of a back up and recovery system to ensure rapid and comprehensive off-site data recovery in case of emergency or disaster. By 2009, we will have converted our medical records system from paper charts to an electronic system.
- **POLICY.** CDHD staff work in partnerships with the Idaho Department of Health and Welfare and our Legislative and Congressional delegations toward policy development, enabling informed decisions to be made concerning issues related to the public's health.
- **PROTOCOLS.** We have developed, written and enhanced, and are following specific guidelines for epidemiologic investigations and responses to threats or emergencies. We operate under plans for communication and incident command.

- **EVALUATION.** CDHD regularly evaluates population-based health services such as injury prevention, physical activity and immunizations, and personal health services such as prevention, through site reviews, quality assessment, peer review and customer satisfactions surveys. CDHD also assesses the status of the local public health system including entities that contribute to the delivery of the Essential Public Health Services, through formal and informal gathering of community data. By 2005, we will have “standardized” client satisfaction surveys in all of the programs that CDHD offers.
- **BEST PRACTICES.** By 2005, we will regularly research and monitor best practices, throughout our operation and similar operations statewide. We encourage suggestions from interested people. By 2006, we will implement ‘best practice’ recommendations from HealthMetrics for the WIC, Immunization and Reproductive Health Programs in our district.

GOAL # 3 – Strengthen the capacity of Central District Health to obtain and manage information and knowledge to assure the Essential Public Health Services.

- **PARTNERSHIPS.** By 2007, we will have developed relationships with the following partners in the public health system: hospitals, community health clinics, police, elected officials, laboratories, schools, corrections, and drug treatment facilities. CDHD will continue to identify other public, private, government and community agencies, and individuals who have legal authority and interest in health-related matters; and will work with them as necessary.
- **HIGHER EDUCATION.** We will strengthen ties with colleges and universities, sharing faculty members’ expertise and offering internship opportunities for students. We encourage our staff members to serve as adjunct faculty and/or guest lecturers. By January, 2005, we will establish policies and procedures for student interns at CDHD.
- **PERSONNEL.** By 2006, CDHD will determine competencies, skills and knowledge, categories and number of personnel and training needed to achieve community public and personal health goals. CDHD will also develop and maintain public health workforce standards for staff that will be linked to job performance through clearly written position descriptions and regular performance evaluations.
- **LICENSING.** Some employees’ jobs require certain types of licensing and certification. We will continue to ensure that these documents are kept current and on file at CDHD headquarters as part of the workforce development plan.

- **EMPLOYEE RECRUITMENT.** We will identify workforce gaps and continue to recruit and/or retain a high-performing, highly motivated, cooperative staff at all levels. One focus must be on cultural diversity, to attract bilingual and multicultural staff members who can help with our clinical services, as well as community outreach efforts. By 2005, a task force focused on bilingual, multicultural employee compensation will be formed to produce recommendations for policy.
- **ADVANCEMENT POTENTIAL.** We will continue to ensure that all CDHD staff members have leadership and advancement opportunities to keep them challenged and engaged. We will provide annual opportunities for staff attendance at leadership and technical skill building trainings. Our priority is a workplace culture that fully realizes each individual's potential.
- **TRAINING.** As the new physical health software systems are implemented, staff will receive appropriate training in system data analysis for individual management and reporting needs. We will continue to train all staff members annually, to focus on good customer service, and, by 2005, refine our protocols for "customer service in action."
- **WORKSITE WELLNESS.** By 2005, we will launch a CDHD Worksite Wellness Program for our own employees, by establishing a baseline wellness assessment so we can tailor the program to our needs and monitor progress.
- **BOARD OF HEALTH.** We orient and provide training opportunities through the National Association of Local Boards of Health. We provide scientific information and education about CDHD in regularly scheduled board meetings.
- **INFORMATION TECHNOLOGY.** We will take a lead role in working with partner agencies to share and update information technology resources. By actively participating on the Information Systems Executive Council, the Information Technology Resource Management Council and working subcommittees, we will enhance and strengthen the capacity of CDHD to obtain and manage information.
- **DATA SHARING/ANALYSIS.** We will continue to participate in the maintenance of population health registries, sharing data with the Idaho Department of Health and Welfare, the U.S. Centers for Disease Control, the U.S. Census Bureau, and others. By 2009, we will have institutionalized integrated data analysis and an evaluation tool to modify CDHD plans, including program plans, the Strategic Plan and the Community Health Improvement Plan, as needed.
- **COMMUNICATION.** As a priority, we will conduct internal activities that will continue the dialogue we began in creating this Strategic Plan. These include regular assessment toward the strategic targets, weekly Administrative Team meetings, including commitment on the part of the Team to attend these meetings, adherence to the Norms and Values adopted by CDHD, and promotion and use of the Intranet. We will use these activities to keep our goals, objectives, strategies, and resources in line with the needs of our communities. We will continue to make communication a top priority, both internally and externally.

Our Future

A healthier and safer Idaho is the ultimate goal of this Strategic Plan. Together with the other six health districts, our commitment to this goal is unwavering.

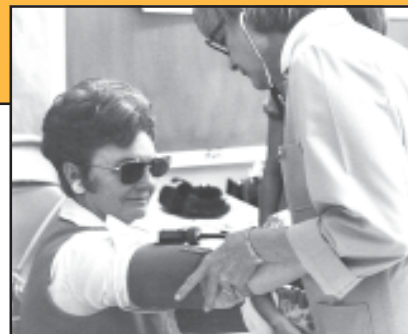
At the end of this 5-year plan, we can measure our progress toward the U.S. government's *Healthy People 2010* initiatives, as well as our own statistics. We are proud of our results and our growth thus far. We have a lot to do by 2009, and we are confident that we have the people and resources to do it well.

34 *years of public service & health care commitment*

Immunizations



Services For Seniors



Car Seat Safety



Bicycle Safety

Health & Fitness



Hygiene



. . . and beyond